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Question 8-83(1): Government Decision On Inmates Clearing Right Of Way, Fort Simpson

MR. SIBBESTON: A question to another Minister, the Minister of Social Services. You will recall I informed the Minister responsible for Social Services who, in turn, is responsible for corrections in the North, that Fort Simpson is concerned because there are five inmates from the South Mackenzie Correctional Institute who are presently working in the Fort Simpson area doing some of the pipeline clearing; and there is quite a local reaction against this. In fact, this matter has made the front page of the Edmonton Journal, so it must be pretty important. I wonder if the Minister would now state what is the decision of the government; whether they are intent on continuing to have the five inmates working, or whether there is now a decision that they are to be returned to Hay River.

MR. SPEAKER: Mr. Minister.

Return To Question 1-83(1): Inmates Working On Pipeline, Fort Simpson

HON. KANE TOLOGANAK: Thank you, Mr. Speaker. I had intended, as promised, to reply to the oral Question 1-83(1) at the next opportunity, but I will give a reply to the oral question.

Interprovincial Pipelines Limited has six job sites in the Northwest Territories and two in Alberta, employing approximately 35 men per job site. It is my understanding that in Fort Simpson approximately 50 men are working for IPL contractors. IPL's main contractor for this project, Dean and Sons, have subcontracted Carter Industries, in Fort Simpson. This is the company employing the five inmates. One inmate is employed as a heavy duty equipment operator, one is a mechanic, working on small engines, and the remaining three are labourers.

All inmates are residents of the Northwest Territories and their home communities are in the Mackenzie Valley; two from Fort Franklin, one from Hay River, one from Fort Smith and one from Fort Simpson. Work release is a part of the correctional centre rehabilitative program which gives inmates -- and I stress this -- which gives inmates an opportunity to earn money to pay outstanding debts, fines, and maintenance for their families. The individuals are released from the correctional centre under the authority of a temporary absence program. A full community investigation has been conducted. The inmates are not considered to be a security risk to themselves or to the community to which they have been released.

In my opinion, it would be a mistake to revoke the work release for these inmates. We are trying to help them acquire the kinds of work habits which will keep them out of jail in the future. My officials were advised by Mr. Carter that he could use five to six labourers on a daily basis in Fort Simpson, in addition to those already employed. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Minister. Supplementary, Mr. Sibbeston.

Supplementary To Question 8-83(1): Government Decision On Inmates Clearing Right of Way, Fort Simpson

MR. SIBBESTON: Mr. Speaker, there is certainly no difficulty with the fact that the government has taken steps to have these inmates work. There is no concern in Simpson with the fact that they are residents or there is no concern about security, but there are presently 100 unemployed men who are waiting for work through the Canada Manpower office, and in view of this fact, would the government reconsider its decision? I take it from the response of Mr. Tologanak that the government appears to be proud of its efforts in having these five inmates work...

MR. SPEAKER: There is not any question there, Mr. Sibbeston.

MR. SIBBESTON: The question, then, is whether the Minister would reconsider his decision, or his department's decision, in view of the fact that there are 100 unemployed men seeking work at the moment, in Fort Simpson, and whether this review could be done very soon, in the next day or two.

MR. SPEAKER: Mr. Minister.

Return To Supplementary To Question 8-83(1): Government Decision On Inmates Clearing Right Of Way, Fort Simpson

HON. KANE TOLOGANAK: Thank you, Mr. Speaker. I will review the whole subject of the temporary absence program and the work release, as suggested by the honourable Member for Mackenzie Liard. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you. Oral questions. Ms. Cournoyea.

Question 9-83(1): Appointment Of Regional Director For National Health And Welfare

MS. COURNOYEA: Mr. Speaker, I have a question to the Minister of Health and Social Services. Will the Minister tell us the position of the Government of the Northwest Territories concerning the appointment of the NWT regional director of National Health and Welfare? Is he aware an individual is being appointed despite the opposition to his appointment by the native groups involved in the selection process? Does the Minister support the native groups in their opposition to the appointment of this person and, if so, what action is he taking to ensure a more satisfactory appointment?

MR. SPEAKER: Mr. Minister.

Return To Question 9-83(1): Appointment Of Regional Director For National Health And Welfare

HON. KANE TOLOGANAK: I thank the Member for giving me notice of the question. For some time I have been dealing with that position with National Health and Welfare. We have taken the view that perhaps a secondment would be in order for the continuity of services, and the kind of people we have in our own health system would take over the role of the regional director for National Health and Welfare. Unfortunately, the whole situation has deteriorated to a point where our view is no longer taken into consideration by the hiring practices of the National Health and Welfare, in regard to this position. I have supported quite strongly and I have had discussions and have received some support for secondment from our government, to an extent, but we are now out of the picture. Thank you.

MR. SPEAKER: Thank you. Oral questions. Mr. Pudluk.

Question 10-83(1): Maintaining Arctic Bay Airstrip For Emergencies

MR. PUDLUK: This is a question to the Minister of Local Government. The airstrip in Arctic Bay has not been maintained for emergency purposes. For emergencies, aircraft should be able to land in Arctic Bay and Nanisivik. Also, Arctic Bay people would like to see Panarctic planes land in Arctic Bay. The airstrip should be open for use for Panarctic and others and should be usable for planes to land when there is bad weather in Nanisivik. They have a problem in Arctic Bay, for emergencies, especially for the Panarctic emergencies. What is the further plan for the Arctic Bay airstrip? I think it should be reopened for the emergencies and for the Panarctic people.

MR. SPEAKER: Mr. Minister.

HON. JAMES WAH-SHEE: Mr. Speaker, I had difficulty understanding. Was that a question or a statement, Mr. Speaker?

MR. SPEAKER: Well, it certainly was a long preamble, but basically the question, as I understand it, is whether or not you could put an emergency landing strip in Arctic Bay.

HON. JAMES WAH-SHEE: Mr. Speaker, I will have my officials look into the situation and provide a reply to the Member's question this week.

MR. SPEAKER: Thank you. Oral questions. Mr. Sibbeston.

Question 11-83(1): Opening Of Winter Roads To Trout Lake And Nahanni Butte

MR. SIBBESTON: Mr. Speaker, perhaps this is best directed to the government leader, Mr. Braden. This concerns the request from the communities of Trout Lake and Nahanni as to whether there would, in fact, be winter roads pushed through to the communities this winter. I asked this question the other day and I do not believe I got a prompt and direct answer. I wonder if the Minister could tell me now, with winter raging on, what is the government decision about winter roads to Trout Lake and Nahanni Butte?

MR. SPEAKER: Mr. Braden.

HON. GEORGE BRADEN: Mr. Speaker, I regret I will have to take that as notice. I will attempt to report to the Minister as soon as possible, if not today, tomorrow.

MR. SPEAKER: Thank you. Oral questions. Mrs. Sorensen.

Question 12-83(1): Progress Of Territorial Government Re Taxation Of Northern Benefits

MRS. SORENSEN: Mr. Speaker, my question is to the Minister of Finance, Mr. Butters. My question concerns the recent federal announcement on the taxation of northern allowances on housing and travel benefits. Can I have an indication of what the territorial government has done since its own announcement that it would form a lobby group to attempt to modify the federal position, and has the issue of the taxation of northern housing and travel been raised this weekend, with the president of the Treasury Board, when you were travelling with him?

MR. SPEAKER: Mr. Minister.

Return To Question 12-83(1): Progress Of Territorial Government Re Taxation Of Northern Benefits

HON. TOM BUTTERS: Mr. Speaker, before replying, I just wish to correct the honourable Member. Neither the territorial government nor any Executive Member nor myself, has ever suggested that we would be forming a lobby group. I suggested that we would be making an appeal to the taxation regime announced by Mr. Lalonde early -- by Mr. Munro early in December, and that to do that we would have to develop a very thorough study of the impacts and effects of that regime on the territorial economy and the residents of the Northwest Territories. We are doing that and to obtain that data and information, we have secured the services of a nationally renowned and recognized taxation expert who will be in the North in the very near future. I am pleased to say one of the people that he is most keen on meeting and discussing this matter with is the chairman of our standing committee on finance, Mrs. Lynda Sorensen. So we are attempting to get data and information in place to re-present to Mr. Lalonde and his finance officials in the very near future.

With regard to the second part of the question, yes, Mr. Gray and Mr. Ittinuar and I were apprized of this concern -- well, before the Minister even stepped off the aircraft -- the Minister's plane was greeted by pickets and placards and a number of people standing out on the cold tarmac, advising him of the concern of the people in Frobisher Bay. Mr. Ittinuar, Mr. Gray, and myself heard of this concern, as far east as Frobisher and as far west as Inuvik, and we have also heard of the matter raised during our visit to Yellowknife. It is a pervasive concern across the Territories that affects all peoples, whatever their economic interests. We have heard from small business people and we have heard from employees, so, it is certainly a subject that is very much foremost in northern residents' minds. Mr. Gray has listened very carefully and closely to the representations that have been made to him, as has Mr. Ittinuar. There will be ongoing dialogue, I am quite sure, not only between Members of the cabinet, but with those cabinet Ministers that Mr. Ittinuar believes will be helpful to him in furthering the representation on this important northern issue.

MR. SPEAKER: Thank you. Oral questions. That appears to be all of the oral questions for today.

Item 4, written questions.

Item 5, returns. Are there any returns for today?

Item 6, Ministers' statements.

Item 7, petitions. Mr. McLaughlin.

ITEM NO. 7: PETITIONS

MR. McLAUGHLIN: Mr. Speaker, I have a petition here, Petition 1-83(1), from 300-odd people from all of the major communities on the...

MR. MacQUARRIE: How odd?

---Laughter

MR. McLAUGHLIN: Approximately 300.

MR. MacQUARRIE: How odd are they?

MR. McLAUGHLIN: Odd enough that they came up here at their own expense to try to meet with the Minister of Finance and Government Services. The object of the petition is to have motorcycle plates designed in the same distinctive polar bear shape that car plates are. Thank you, Mr. Speaker.

---Laughter

MR. SPEAKER: Petitions.

Item 8, reports of standing and special committees.

Item 9, tabling of documents. Mr. Braden.

ITEM NO. 9: TABLING OF DOCUMENTS

HON. GEORGE BRADEN: Mr. Speaker, I wish to table the following document: Tabled Document 5-83(1), Government of the Northwest Territories, 1982 Annual Report.

MR. SPEAKER: Thank you. Tabling of documents.

Item 10, notices of motion. Mr. MacQuarrie.

ITEM NO. 10: NOTICES OF MOTION

Notice Of Motion 4-83(1): Appointment To The Standing Committee On Legislation

MR. MacQUARRIE: Mr. Speaker, I wish to give notice that on the appropriate day I will move, seconded by the honourable Member for Inuvik, that this Assembly appoint the honourable Member for Mackenzie Liard, Mr. Sibbeston, to the standing committee on legislation.

---Applause

Mr. Speaker, I will ask for unanimous consent to proceed with that under motions.

MR. SPEAKER: Thank you. Notices of motion.

Item 11, notices of motion for first reading of bills.

Item 12, motions. Mr. MacQuarrie.

ITEM NO. 12: MOTIONS

MR. MacQUARRIE: Mr. Speaker...

MR. FRASER: Nay.

MR. MacQUARRIE: ...I ask for unanimous consent...

MR. FRASER: Nay.

MR. MacQUARRIE: ...to move the motion that I referred to a short time ago.

SOME HON. MEMBERS: Agreed, agreed.

MR. SPEAKER: Unanimous consent being asked. Are there any nays?

MR. FRASER: Nay.

MR. SPEAKER: There is one nay. Your request has been denied.

MR. MacQUARRIE: I do not think it was a serious nay. I do not know whether we can impute motives, but -- is it serious?

MR. FRASER: Go ahead.

---Laughter

MR. MacQUARRIE: May I proceed, then, Mr. Speaker?

SOME HON. MEMBERS: Agreed.

MR. SPEAKER: You may proceed, but in future if I hear a nay there will be no -- that is the end of the argument. I did hear a nay, but it has been withdrawn. Proceed.

Motion 4-83(1): Appointment To The Standing Committee On Legislation

MR. MacQUARRIE: Mr. Speaker:

WHEREAS the resignation of the honourable Member for Great Slave East, Mr. Sayine, has created a vacancy on the standing committee on legislation;

AND WHEREAS it would be desirable to fill this vacancy;

NOW THEREFORE, I move, seconded by the honourable Member for Inuvik, Hon. Tom Butters, that this Assembly appoint the honourable Member for Mackenzie Liard, Mr. Sibbeston, to the standing committee on legislation.

SOME HON. MEMBERS: Question.

MR. SPEAKER: Mr. MacQuarrie.

MR. MacQUARRIE: If I may just speak to it for one moment, it is as the chairman of the striking committee that I have moved that motion, Mr. Speaker. I suppose, as the chairman of the standing committee on legislation, I should ask Mr. Sibbeston whether he would justify why he ought to belong to such an elite committee as this one.

---Laughter

AN HON. MEMBER: Speech!

MR. MacQUARRIE: But I will not.

MR. FRASER: To the motion.

MR. MacQUARRIE: I think most Members will recognize that this is a significant change in Mr. Sibbeston's approach to the work of the Assembly. It is very much appreciated by me, and I have every reason to believe that the committee will find his presence very valuable. I urge Members to support the appointment, Mr. Speaker.

AN HON. MEMBER: Hear, hear!

AN HON. MEMBER: Question.

MR. SPEAKER: Question being called. All those in favour? Mr. Sibbeston.

MR. SIBBESTON: Thank you, Mr. Speaker. I am pleased to serve on the legislation committee. I want to indicate to Members that my agreeing to take part in such a committee does not mean, though, that I will jump headfirst in with the government or this Assembly and that everything is fine. I guess my involvement, though, does indicate that over the past couple of years there have been improvements, there has been sufficient progress made in all areas warranting my involvement, or warranting me to be associated somehow further with this Assembly and this government, so I look forward to being involved with the committee on legislation. There are quite a number of concerns in my area, and perhaps I am on the wrong committee. I maybe should be on the finance committee if I want a new arena for our area, but I am prepared to devote some time and look forward to helping out where I can with the legislation committee. Mahsi cho.

SOME HON. MEMBERS: Hear, hear!

---Applause

AN HON. MEMBER: Question.

Motion 4-83(1), Carried

MR. SPEAKER: Question being called. All those in favour? Opposed, if any? The motion is carried unanimously.

---Carried

Item 12, motions.

Item 13, first reading of bills. Mr. Braden.

ITEM NO. 13: FIRST READING OF BILLS

First Reading Of Bill 13-83(1): Intestate Succession Ordinance

HON. GEORGE BRADEN: Thank you, Mr. Speaker. I move, seconded by the honourable Member for Rae-Lac la Martre, that Bill 13-83(1), An Ordinance to Amend the Intestate Succession Ordinance, be read for the first time.

MR. SPEAKER: There is a motion on the floor. Are you ready for the question?

AN HON. MEMBER: Question.

MR. SPEAKER: All those in favour? Opposed, if any? The motion is carried. Bill 13-83(1) has had first reading.

---Carried

Mr. Braden.

First Reading Of Bill 17-83(1): Landlord And Tenant Ordinance

HON. GEORGE BRADEN: Mr. Speaker, I move, seconded by the honourable Member for Slave River, that Bill 17-83(1), An Ordinance to Amend the Landlord and Tenant Ordinance, be read for the first time.

MR. SPEAKER: I have a motion on the floor. Are you ready for the question?

SOME HON. MEMBERS: Question.

MR. SPEAKER: Question being called. All those in favour? Opposed, if any? The motion is carried. Bill 17-83(1) has had first reading.

---Carried

Mr. Tologanak.

First Reading Of Bill 15-83(1): Child Welfare Ordinance

HON. KANE TOLOGANAK: Mr. Speaker, I move, seconded by the honourable Member for Yellowknife North, that Bill 15-83(1), An Ordinance to Amend the Child Welfare Ordinance, be read for the first time.

MR. SPEAKER: I have a motion on the floor. Are you ready for the question?

SOME HON. MEMBERS: Question.

MR. SPEAKER: All those in favour? Opposed, if any? Bill 15-83(1) has had first reading.

---Carried

Any further bills for first reading? Mr. McCallum.

First Reading Of Bill 10-83(1): Council Ordinance

HON. ARNOLD McCALLUM: Mr. Speaker, I move, seconded by the honourable Member for Mackenzie Delta, that Bill 10-83(1), An Ordinance to Amend the Council Ordinance, be read for the first time.

MR. SPEAKER: I have a motion on the floor. Are you ready for the question?

SOME HON. MEMBERS: Question.

MR. SPEAKER: Question being called. All those in favour? Opposed, if any? Bill 10-83(1) has had first reading.

---Carried

First reading of bills. Mr. Wah-Shee.

First Reading Of Bill 14-83(1): Home Owners' Property Tax Rebate Ordinance

HON. JAMES WAH-SHEE: Mr. Speaker, I move, seconded by the honourable Member for Yellowknife North, that Bill 14-83(1), An Ordinance to Amend the Home Owners' Property Tax Rebate Ordinance, be read for the first time.

MR. SPEAKER: I have a motion on the floor. Are you ready for the question?

SOME HON. MEMBERS: Question.

MR. SPEAKER: All those in favour? Opposed, if any? Bill 14-83(1) has had first reading.

---Carried

First reading of bills. That appears to conclude the first reading of bills for today. Item 14, second reading of bills. Mr. Braden.

ITEM NO. 14: SECOND READING OF BILLS

Second Reading Of Bill 3-83(1): Financial Agreement Ordinance, 1983

HON. GEORGE BRADEN: Mr. Speaker, I move, seconded by the honourable Member for Slave River, that Bill 3-83(1), An Ordinance Respecting a Financial Agreement Between the Northwest Territories and the Government of Canada, be read for the second time. The purpose of this bill, Mr. Speaker, is to authorize the Commissioner to enter into an agreement with the Government of Canada providing for the payment of operating and capital grants to the Government of the Northwest Territories and related matters.

MR. SPEAKER: Thank you. Bill 3-83(1). The principle of the bill. Ready for the question?

AN HON. MEMBER: Question.

MR. SPEAKER: Question being called. All those in favour? Opposed, if any? Bill 3-83(1) has had second reading.

---Carried

Second Reading Of Bill 7-83(1): Gas Protection Ordinance

HON. GEORGE BRADEN: Mr. Speaker, I move, seconded by the honourable Member for Kitikmeot, that Bill 7-83(1), An Ordinance Respecting Gas Protection, be read for the second time. The purpose of this bill, Mr. Speaker, is to provide for the inspection and regulation of gas equipment and gas installations in the Northwest Territories.

MR. SPEAKER: To the principle of the bill.

HON. KANE TOLOGANAK: Question.

MR. SPEAKER: Question being called. All of those in favour? Opposed, if any? The bill has had second reading.

---Carried

Second Reading Of Bill 6-83(1): Medical Profession Ordinance

HON. KANE TOLOGANAK: Mr. Speaker, I move, seconded by the honourable Member for Rae-Lac la Martre, that Bill 6-83(1), An Ordinance to Replace the Medical Profession Ordinance, be read for the second time. The purpose of this bill, Mr. Speaker, is to regulate the licensing of medical practitioners in the Northwest Territories.

MR. SPEAKER: To the principle of the bill. Question being called. All those in favour? Opposed, if any? Bill 6-83(1) has had second reading.

---Carried

Second Reading Of Bill 8-83(1): Limitation Of Actions Ordinance

HON. GEORGE BRADEN: Mr. Speaker, I move, seconded by the honourable Member for Slave River, that Bill 8-83(1), An Ordinance to Amend the Limitation of Actions Ordinance, be read for the second time. The purpose of this bill, Mr. Speaker, is to amend the Limitation of Actions Ordinance to increase the time allowed for commencing an action respecting the installation of urea formaldehyde.

MR. SPEAKER: To the principle of the bill. Question being called. All those in favour? Opposed, if any? Bill 8-83(1) has had second reading. Mr. Braden.

---Carried

Second Reading Of Bill 9-83(1): Lotteries Ordinance

HON. GEORGE BRADEN: Mr. Speaker, I move, seconded by the honourable Member for Slave River, that Bill 9-83(1), An Ordinance to Amend the Lotteries Ordinance, be read for the second time. The purpose of this bill, Mr. Speaker, is to amend the Lotteries Ordinance to provide penalties on summary conviction thereunder.

MR. SPEAKER: To the principle of the bill. Question being called. All those in favour? Opposed, if any? Bill 9-83(1) has had second reading. Mr. Braden.

---Carried

Second Reading Of Bill 11-83(1): Civil Emergency Measures Ordinance

HON. GEORGE BRADEN: Mr. Speaker, I move, seconded by the honourable Member for Rae-Lac la Martre, that Bill 11-83(1), An Ordinance Respecting Civil Emergencies in the Territories, be read for the second time. The purpose of this bill, Mr. Speaker, is to set out civil measures to be taken in a peacetime emergency.

MR. SPEAKER: Thank you. To the principle of the bill.

HON. ARNOLD McCALLUM: Question, Mr. Speaker.

MR. SPEAKER: Question being called. All those in favour? Opposed, if any? Bill 11-83(1) has had second reading.

---Carried

Second Reading Of Bill 5-83(1): Northwest Territories Housing Corporation Loan Ordinance, 1983-84

HON. ARNOLD McCALLUM: Mr. Speaker, I move, seconded by the honourable Member for Mackenzie Delta, that Bill 5-83(1), An Ordinance to Authorize the Northwest Territories Housing Corporation to Borrow Funds, be read for the second time. The purpose of this bill, Mr. Speaker, is to authorize the borrowing of funds by the Northwest Territories Housing Corporation for the construction or acquisition of public housing projects, or both.

MR. SPEAKER: To the principle of the bill. Question being called. All those in favour? Opposed, if any? Bill 5-83(1) has had second reading.

---Carried

Second reading of bills. Mr. McCallum.

HON. ARNOLD McCALLUM: Just on a point of clarification, Mr. Speaker. Has Bill 4-83(1), Loan Authorization Ordinance, No. 1, 1983-84, received second reading?

MR. SPEAKER: No, it has not, in my records. Mr. Braden.

Second Reading Of Bill 4-83(1): Loan Authorization Ordinance No. 1, 1983-84

HON. GEORGE BRADEN: Mr. Speaker, I move, seconded by the honourable Member for Slave River, that Bill 4-83(1), An Ordinance to Authorize the Commissioner to Borrow Funds and Make Loans to Municipalities or Other Persons in the Northwest Territories During the Financial Year 1983-84, be read for the second time. The purpose of this bill, Mr. Speaker, is to authorize the Commissioner to borrow funds for the purpose of making loans to municipalities or other persons.

MR. SPEAKER: To the principle of the bill. Question being called. All those in favour? Opposed, if any? Bill 4-83(1) has had second reading.

---Carried

Second reading of bills. That appears to be all the second readings for today. Item 15, consideration in committee of the whole of bills, recommendations to the Legislature and other matters.

ITEM NO. 15: CONSIDERATION IN COMMITTEE OF THE WHOLE OF BILLS, RECOMMENDATIONS TO THE LEGISLATURE AND OTHER MATTERS

MR. SPEAKER: Bill 1-83(1), Appropriation Ordinance, 1983-84, with Mr. Fraser in the chair.

PROCEEDINGS IN COMMITTEE OF THE WHOLE TO CONSIDER BILL 1-83(1), APPROPRIATION ORDINANCE, 1983-84

CHAIRMAN (Mr. Fraser): The committee will come to order. As you heard the Speaker, we are dealing with Bill 1-83(1), Appropriation Ordinance, 1983-84. Mr. McCallum.

HON. ARNOLD McCALLUM: Mr. Chairman, I would just like to give you, as well as other Members of the committee, the order in which the government intends to put forth the estimates of the various departments. We will be starting, as I am sure Members know, with the Department of Health, to be followed by the Department of Social Services. The third department will be the Department of Education. The Housing Corporation is next. Renewable Resources is fifth. Economic Development is sixth. Justice and Public Services is seventh, Personnel, eighth. Local Government, ninth. Public Works is next, then Government Services. Finance is next, followed by the Financial Management Secretariat. The Executive is 14th, then Information, and finally, the budget for the Legislative Assembly. Now, Mr. Chairman, that would be the order that we are proposing. I do not think there should be any difficulty. If in fact there is a difficulty with one of the Ministers who may have to leave, we would substitute, but I do not foresee any substitution arising in the near future.

CHAIRMAN (Mr. Fraser): Thank you, Mr. McCallum. It has not failed yet; we have always had some differences in the budget, but I never marked anything down. I guess we can go from day to day if we have to.

HON. ARNOLD McCALLUM: In that order.

CHAIRMAN (Mr. Fraser): Not necessarily, but whatever you say. We start with the Department of Health on page 13 of the 1983-84 main estimates. Mr. Minister, Mr. Tologanak.

Department Of Health

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. I would like to take the witness table, and ask that my deputy minister, Mr. Moody, join me at the table, as well.

CHAIRMAN (Mr. Fraser): Thank you, Mr. Minister. Is it the wish of the committee to bring in the witnesses? Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Fraser): Mr. Williams, will you see that the witnesses are brought to the table?

CHAIRMAN (Mr. Fraser): We have Mr. Moody sitting in with the Minister at the witness table. Have you any opening remarks, Mr. Tologanak? Mr. Minister?

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. Honourable Members, I am pleased to present for your consideration the 1983-84 budget estimate of the Department of Health. The Government of the Northwest Territories believes that the enjoyment of a high standard of health is one of the fundamental rights of every NWT resident. The government also firmly believes that health is a partnership involving the personal responsibility of individuals in conjunction with government and the private sector. Therefore, the programs this government provides do not cover every aspect of health care, but rather the basics. Government never has, and never will be able to pay all aspects of health care for all individuals. The programs we provide as a government and the services we fund amount to approximately 50 per cent of the total amount spent on health in the NWT. Health and Welfare Canada spend approximately an equal amount operating hospitals, nursing stations and public health facilities across the Northwest Territories. Our expenditures include the cost sharing of these operations.

Mr. Butters mentioned that we have experienced significant increases in cost in the health field. These increases are due to increases in volume and increases in price, the combination of which makes it significant. Late last year, our operating budget was 10.3 per cent of this governments

budget, and this year it is only up to 10.6 per cent. Generally, in a provincial setting, health is the largest single item, spending approximately 30 to 33 per cent of the total budget. This government is receiving a good deal with its health programs because, in cash revenue alone for Health, we recover about 54 per cent of the budget expenditures. Our biggest expenditure areas are those that provide treatment for those acutely ill.

Our medicare system, like others across the country, experienced significant increases in volume and cost as more people seek out the services of doctors for more reasons. Our hospital systems did not experience declines due to the recession. With volume increases in medical care and hospitals, more people have travelled, and our medical travel budget has increased. In summation, more people are being seen and treated than ever before, and while the costs are escalating, we have received encouragement that people are healthier than in the past. Our people are living longer, fewer babies are dying at birth, and fewer epidemics, such as TB, are spreading around. Areas of personal responsibility, such as accidents, violence and poor lifestyle, continue to plague the system.

Significant Accomplishments In 1982

In the past year, we have achieved some significant accomplishments. We completed an agreement to have the hospital in Frobisher Bay transferred from the federal government to the Northwest Territories and then managed by a regional hospital board. This was done with full support of such groups as the Inuit Tapirisat of Canada, the Baffin Region Inuit Association, Baffin Regional Council, and the community of Frobisher Bay. This is a step toward the eventual assumption of full responsibility for health by the Government of the Northwest Territories. If the government is to be a truly responsible government, this is one program it must eventually control.

In addition, we completed a health review of the Inuvik region and initiated a follow-up committee consisting of representatives of that region and medical services branch, Health and Welfare Canada. We participated in a task force with Health and Welfare Canada and DIAND to review standards and criteria for health services throughout the Territories. We have assumed the responsibility for the provision of acute nursing care and physician services to Pine Point. We are assuming the same level of services that we have in the past. We have entered into discussions on a similar nature with Tungsten. We developed pamphlets, posters and programs in health promotion to make people aware of how they can take better care of their health. We have continued the capital planning of Stanton Yellowknife Hospital, which is a very complex project. We have assumed the responsibility for chronic care and nursing home services, which was transferred from Social Services to Health. We have recruited and staffed physicians for communities in the Northwest Territories, according to contract with Health and Welfare Canada. While our physician/population ratio is 1:1000 versus 1:645 for the rest of Canada, we feel that very adequate care is being provided. We have prepared legislation on the Medical Profession Ordinance which will be put before you for passage this session.

All this is in addition to processing thousands and thousands of claims for hospital insurance, medical care insurance, pharmacare, and medical travel. For a department in headquarters with a small staff, we have been very busy.

No New Benefits On Programs Forecast

As you are all aware, however, health care costs did not slow down with the recession, but in fact they have escalated, and we face severe financial impact. That is why 1983-84 would be another year where we forecast no new additional benefits on programs in the health sphere. What this 1983-84 budget brings the government for a very small net price is: continued excellence in medical care with restraint measures; fine hospital care, but perhaps some inconvenience if services have to be restricted; medical travel benefits that will always cover emergencies, but may be more restrictive on elective items; continued support of benefits such as pharmacare for the elderly and indigents, mental hospital care, and supplementary benefits.

It is quite likely that it may be another year or two before the type of changes to public attitude and professional attitudes takes place to slow down the system, because not all factors are controllable. It is necessary, now more than ever, that the general public, the medical and the nursing professions and the hospitals realize that the system can only be maintained if it is not abused or taken for granted.

In concluding, Mr. Chairman, the department has been very active this past year, and will continue to be over the next year. The health of residents of the Northwest Territories is improving, but until people decide that their health is a personal responsibility and is greatly affected by what they eat, drink, and how active they are, and the type of risks they take, then health expenditures for treatment will continue to rise. Health care is expensive; there is no denying that, but we are controlling it wherever possible. To have full control is not possible.

What you do not see in the document before you are the hidden costs of ill health: lost time from work or school; disability; inability to work or play; family and personal hardships; lost years of life.

In the final analysis, the hidden costs of ill health far outweigh the costs presented to you in our 1983-84 budget. If we are to build a strong society in the North, the health of our people to be able to study, work and enjoy life must be of great value to us all. Thank you, Mr. Chairman.

Total O And M, Administration

CHAIRMAN (Mr. Fraser): Thank you, Mr. Minister. Dealing with the Department of Health, administration. Total O and M, \$1,884,000. We are open for general comments. Mr. Sibbeston.

MR. SIBBESTON: Mr. Chairman, the area of the department that I am interested in at the moment is the area of dispensing. The small communities have lay dispensers, and that is the area that I am interested in. I am wondering what is the government policy in this regard. In fact, is it this territorial governments responsibility to provide lay dispensers in communities where there are not any nursing stations or doctors, clinics or hospitals?

CHAIRMAN (Mr. Fraser): Thank you, Mr. Sibbeston. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. In response to that, the lay dispensers program is the responsibility of Health and Welfare Canada but we, as the Department of Health, are very keen on taking part, on having full say in the kind of services that are provided by lay dispensers. That is the only way I can really respond to that.

CHAIRMAN (Mr. Fraser): Thank you. Mr. Sibbeston, supplementary?

Training And Supervision Of Lay Dispensers

MR. SIBBESTON: Mr. Chairman, if it is not the responsibility of this government then I would like to ask that the Minister and his department officials make representation to the federal Health and Welfare people about this area, because it is a matter that is of great concern to the people in small communities. Essentially, the situation is that the government has lay dispensers in all the little communities where there are, as I said, no nursing stations. Lay people are asked to give out medicine, be in charge of medicine and generally to help out if anything happens in the community that requires medical treatment. From my knowledge and experience, there has been little done, little provided to these people in the way of training and supervision. I am aware of a teacher, for instance, who has had the role of a lay dispenser up in the Arctic who has delivered many, many babies, for instance. When this particular person was in Nahanni Butte, he would be quite alarmed about the lack of facilities, the lack of medicine, and just lack of advice and supervision given to people who perform this important job.

So, it seems to me that the government ought to recognize that they have lay dispensers and they ought to do something to upgrade the people who do this important task. I think it is an area that has, for the most part, been neglected and I think it is time that some attention was paid to this particular area of health services.

So, I wonder if the Minister could undertake to write a very lengthy letter or a report to the federal authorities about this and see if they could have something done, firstly to train the people, to provide them maybe with a more and wider variety of medicine and to provide a system of, maybe, supervision -- some way that consultation can happen between a lay person and the nearest hospital or doctor. This is a big and important area that, I feel we should get on and do something about.

CHAIRMAN (Mr. Fraser): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. I share the same kind of concerns as the communities regarding the kinds of services that are provided to the ordinary people in the smaller communities. I am very supportive of programs being turned over to our government, our Department of Health, and the other area of which I have been talking with the federal government is the community health representatives, commonly known as CHRs. We are continuing discussions with National Health and Welfare. We have just recently negotiated, as I mentioned, the Frobisher Bay hospital transfer. There are other areas which we aspired to negotiate with the federal government and I would like to assure the Member that we will continue our discussions. I have been very interested in the CHR program for quite a number of years and why it was taken away -- the training program was in existence at one point and discontinued -- but I will give my assurances that I will continue to meet with the Ottawa Department of Health to provide some concrete measures in turning over some of these programs to the Government of the Northwest Territories and provide better services in smaller communities where health care is not immediately available.

The previous Minister, the Hon. Arnold McCallum, has always invited someone in Health and Welfare Canada to come into the House and I understand the acting regional director would be available as well to the House if need be, to answer some questions on Health and Welfare Canada matters. Thank you.

CHAIRMAN (Mr. Fraser): Thank you, Mr. Minister. Supplementary, Mr. Sibbeston.

Proposals To Upgrade Lay Dispenser Program

MR. SIBBESTON: Thank you, Mr. Chairman. If the Minister, then, is prepared to do something then I would suggest a number of things that he can recommend to the federal authorities. Maybe some training program can be instituted in the next few months or half a year or so. The sort of thing I have in mind -- for instance, in the Deh Cho area, in my area, there are five or six little communities that have lay dispensers. So the sort of action that I would like to see is for the federal government to invite one or two persons from each of these little communities to a central area, let us say Fort Simpson, where they can be given a one or two month course on lay dispensing and what is involved, a little bit of medical theory and how to deal with emergencies and so forth.

Another area that ought to be raised with them is the fact that these lay dispensers should be paid more. At the moment, I think the pay is very insignificant, not making it a very attractive role or job to have in the community. So I think there ought to be more money paid to lay dispensers. I think there ought to be a bit of a certificate program started where, if you have been or are a good lay dispenser, then you are provided with some certificate or some formal recognition of your abilities. This would focus attention on that endeavour and also it would be worth something to be a lay dispenser.

The other thing that has to be done is the facilities that these little lay dispensers work in have to be improved. I am aware that, for the most part, in places like Trout Lake, the lay dispenser is expected to use his house and home to keep all the drugs and medicine, all the birth control pills, aspirins and any other drugs that are kept. So, the federal government, or some government has got to improve the facilities -- have a nice room somewhere in the school or in a community hall, or even build a little cabin where the lay dispensers can work. This can also serve for when a nurse or doctor comes into the community, where they can have a nice clean place to perform their medical duties. I really do mean that in places like Trout Lake the doctor, when he comes to town, has to go to somebody's house and, you know, it is not a very professional, or good way to have all of the medical work done in somebody's porch, or somebody's living room.

It just seems to me that the government ought to pay more attention and a little bit more money in this area, because it is an important area. I think that if the government did do this, there would be less of a tendency to have patients fly into the larger centres. In the long run it may be that this is a way of saving money for the government. These are my ideas, and I really do hope that a good letter could be sent to the federal government authorities, suggesting that these steps be taken immediately. I am just afraid, Mr. Chairman, that if something specific is not done that this matter is going to be passed over. Whereas I appreciate that there are good intentions at the moment by the Minister, at some time and with other more important things, this area may get shoved aside or forgotten.

CHAIRMAN (Mr. Fraser): Thank you, Mr. Sibbeston. Mr. Minister.

HON. KANE TOLOGANAK: Well, Mr. Chairman, I do not know if there was really a question or not in that, but I take all the advice and comments that Mr. Sibbeston has made, and I assure him that I will pass on his concerns, and the acting regional director, Barry Brown, will be available if needed as well, this afternoon, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Fraser): Thank you, Mr. Minister. Mr. Arlooktoo, general comments.

Boarding Homes In Frobisher Bay

MR. ARLOOKTOO: (Translation) Thank you, Mr. Chairman. My question is to Social Services. In Frobisher Bay, the patients who come in from the other communities board with people in Frobisher Bay, for example, when they are expecting another baby. I would like to know if there are any plans in the future to set up a boarding home, because sometimes when the patients have to stay with the local people in Frobisher Bay, it creates problems. Some patients who do not drink end up staying with people who do drink, and that creates problems in that area. Also, when Lake Harbour people go to Frobisher Bay, very often do not eat their regular meals. Because of this, there are problems with this matter in Frobisher Bay. This is true, because I lived near Frobisher Bay and I have seen it myself. I have also stayed with local people when I went for a medical service of some sort in Frobisher. Having to board with local people is okay for some people, but it creates some problems for others. I would like to know what further action you will take on this. Thank you.

CHAIRMAN (Mr. Fraser): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. This question is not new to me. I have raised the same question of boarding homes and medical travel since I became an MLA, or even before I became an MLA. The whole question of boarding homes and travel is a shared responsibility of my department and the medical services branch of Health and Welfare Canada. Basically, in the boarding home situation, the people who apply as boarding homes have their homes inspected by the medical services branch of Health and Welfare Canada. We are reviewing the whole aspect of medical care and the boarding home situation -- not only for people in Frobisher Bay, but for people who go to Montreal, Yellowknife, Inuvik. We are going to review the whole situation and see what action we can take to solve some of the problems that we are having in regard to boarding homes. There have been suggestions, like from my constituency, Kitikmeot, that perhaps some kind of a transient type of boarding home, one building, be provided, as we are providing one in Winnipeg. I would like to leave those options for me to review, to take a closer look at, and see what we can come up with. I know the problem exists and it has been there for quite some time and we are aspiring to deal with it, as best we can. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Fraser): Thank you, Mr. Minister. General comments. Mr. Pudluk.

Availability Of Specialist Services

MR. PUDLUK: (Translation) Thank you, Mr. Chairman. I have some concerns about Health and Welfare. I do not have very many problems with the programs that are under way today, but the problem that we have nowadays is with people who go to the medical centres for such things as eye examinations and dental work, or psychiatric services -- because the professionals -- I mean the people in the medical professions, take a long time to get to the communities. Every time a person has to get a checkup in those fields, to some of them it might cost a lot of money, and they have to pay their own way to go see a dentist or an eye doctor. They have to wait a long time, and their health gets worse. When those people have to wait a long time, they sometimes get ill, and sometimes they may develop health problems that they would not have had if the matter had been looked into, and these problems -- the side effects -- sometimes last for life. What are you going to do about these situations in these areas? Maybe a study has to be done, because the way it is right now, the existing system is not adequate. Thank you.

CHAIRMAN (Mr. Fraser): Mr. Minister.

HON. KANE TOLOGANAK: Well, Mr. Chairman, the physicians who specialize in particular fields do have regular visits to certain communities, and really this is in consultation with the local nursing stations. There again, that is the responsibility of medical services branch of Health and Welfare Canada. It is kind of difficult for me to say just exactly what physician would go to certain communities. Just as an information item, as well, as I mentioned, we are recruiting doctors in various communities across the Territories, and we hope to have a little more say as to how the services are provided throughout the Territories.

CHAIRMAN (Mr. Fraser): Thank you. Mr. Pudluk.

MR. PUDLUK: (Translation) Thank you, Mr. Chairman. The medical people in our communities are only nurses, and some of them do not know exactly what the sickness is that a person is suffering from. They just usually say, when the patient comes to them, that as soon as a medical professional comes in, they will tell them. They have to wait a long time. Sometimes, they have to wait up to a period of six months. When they go see a nurse themselves, in most of the communities in our area, the nurses only reply that they will let the medical professionals know when they come in, especially the dental and the eye doctors. They do not know very much about dental and eye care and psychiatric work. For that reason, I would like very much for you to look into that.

CHAIRMAN (Mr. Fraser): Mr. Minister.

HON. KANE TOLOGANAK: Mr. Chairman, it is very difficult for me to answer on behalf of the medical services branch, because that is their direct program. I would not wish to comment on the credibility of the nurses in the community, or their professional attitudes and how they treat the patients as well. I would not want to comment on that. I think it is important to realize, as well, that it is a very costly proposition, especially when you have to send everybody down to a hospital on a limited medical travel budget and then for the nurses to look at what kind of cases a doctor or specialist can see in the community. But I will certainly take your advice under consideration, and perhaps the same kind of question could be asked of the acting regional director of Health and Welfare Canada. I have noticed that he has not yet arrived and I would ask the House to invite him into the ropes if he does arrive. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Fraser): Thank you, Mr. Minister. Mr. Appaqaq.

Experience And Training Of Nurses In Communities

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. I would like to talk about Ludy's problem. I know it is true. It has been the concern, and it should be the concern of the people of our area, but I would like to say that the staff they send to nursing stations should be people that have been trained in many areas of the medical field because we, in our community, do not have a professional doctor. We can only get one from the South. Sometimes the doctors do not even get to see the patients that do require professional help because they cannot stay in the community for very long. I have been one of those who have not seen a medical professional when I needed to, because the doctors were in a hurry to get out of the community. I would also like to state that the nurse that we had last year quit her job because she had a heart problem. She was a nurse but there was no concern about what knowledge she had in the medical field, because she seemed to know a lot about native illnesses and even if they seemed to have a problem with their mind, she seemed to know quite a bit about it even though she was not a real doctor. Maybe you can think about it or consider it; sometimes they send nurses to communities who do not even know very much about prescribing drugs. Maybe they might make a mistake by giving the wrong drug and it would make people ill, because they have a limited knowledge of prescribing drugs. I think this is very dangerous. This has to be taken into consideration, to send nurses to the communities that have knowledge in these fields, in different medical fields. There should be nurses sent to the community who have worked with a medical doctor before they come to the community. Thank you.

CHAIRMAN (Mr. Fraser): Thank you, Mr. Appaqaq. Mr. Minister.

HON. KANE TOLOGANAK: Well, Mr. Chairman, I do not know if that was really a question or not, but I think he was reiterating what Mr. Pudluk had to say, and I understand the concerns and I think I have commented earlier to Mr. Pudluk and those same comments would really refer to what Mr. Appaqaq had to say.

CHAIRMAN (Mr. Fraser): Thank you, Mr. Minister. General comments. Administration, \$1,884,000. Ms Cournoyea.

Decisions To Build New Facilities

MS COURNOYEA: Mr. Chairman, a question to the Minister of Health. In determining the facilities and how they will be selected, how is that calculated? Do you take a run down on the cost it took to serve the community, as opposed to building another facility? How do you determine the breakdown when you are saying, "Well, this community will not have a facility, and we will continue to transport them out from time to time"? I would like to know how you evaluate those costs, when you determine whether a facility has to go to a community or not.

CHAIRMAN (Mr. Fraser): Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. That, again, is a question for Health and Welfare Canada. They are the ones that provide the facilities. So far, we are getting to the stage where they are transferring some of these facilities over to our government, but I do not know how much more we can expand on it.

CHAIRMAN (Mr. Fraser): Ms Cournoyea, supplementary.

MS COURNOYEA: Mr. Chairman, the Northwest Territories government, as far as I understand from the Minister's statements at the beginning of his presentation, was sort of co-ordinating with and working somewhat hand in hand with the federal government. Obviously our funding comes direct from the federal government and I would presume that in determining the facilities that are required that the NWT Minister of Health would be involved with that. I would like to know if he is, in fact, involved and if he did have any meetings over the last year in setting up the budget priorities with the Department of National Health and Welfare. Certainly, I felt that he was involved in determining what would be put into certain areas. If his statement is saying that he has absolutely nothing to do with it and his department is not consulted in any way, I would like to know why that is, as well.

CHAIRMAN (Mr. Fraser): Thank you, Ms Cournoyea. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. We do have co-ordination between Health and Welfare Canada and ourselves, because we do have shared responsibilities in the kinds of services that are provided throughout the Territories. I would like Mr. Moody to expand on that, Mr. Chairman.

CHAIRMAN (Mr. Fraser): Thank you, Mr. Minister. Mr. Moody.

MR. MOODY: Mr. Chairman, in answer to the Member's question with regard to shared facilities, yes, we do have, although the prime responsibility of building facilities and staffing them is that of Health and Welfare Canada. We definitely do share in the costs, we pay money to them for these facilities and we also, then, through our co-ordinating committee between the two departments, have some say. I would say it is probably in proportion to our share of the costs, which is comparatively small, but yes, we do have some say.

CHAIRMAN (Mr. Fraser): Thank you, Mr. Moody. Ms Cournoyea.

Method Of Setting Priorities

MS COURNOYEA: Thank you, Mr. Chairman. I am happy to hear that we do have some say. So, obviously, when you are having your say you have already determined how you are going to make your voice heard in setting priorities, and I guess my question then would go right back to the point that even though you may have a limited say, obviously the department, on behalf of the NWT, would set certain priorities as it sees them, as the views of the communities come forward in this Legislative Assembly, as they are expressed through native associations. Since you are closer to the ground than the federal bureaucracy, how do you set and make those priorities, as you hear them from the North, be heard when you are negotiating on what the facilities should be, and where they should be? How do you make your own position, before you take it to the federal government?

CHAIRMAN (Mr. Fraser): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. I would like the deputy minister to reply to that as well, but just in short, we do consult as much as we can with the native organizations in whatever programs we are going to do and set priorities on the basis of what the Legislative Assembly says, and how the government reacts to those priorities, but I would like Mr. Moody to expand on the question.

CHAIRMAN (Mr. Fraser): Mr. Moody.

MR. MOODY: I really do not have anything further to say on that. I think it is just that we take our lead from the Legislative Assembly, or the Minister takes his lead, other than the Executive Committee, from the Legislative Assembly and this year, we have been talking to all the native organizations to see what their priorities are. Then, through our discussions with Health and Welfare Canada, we put these priorities forward as hard as we can. We do not always win, and they have priorities of their own, and ideas of their own, but we certainly do do that.

CHAIRMAN (Mr. Fraser): Thank you. Ms Cournoyea, supplementary.

MS COURNOYEA: Mr. Chairman, I wonder, if possible, can we get some kind of a breakdown on the priorities as they were set, from our Health department, and how they are reflected in the priorities and the expenditures of funds in the budget as they are outlined and presented to us?

CHAIRMAN (Mr. Fraser): Mr. Minister.

HON. KANE TOLOGANAK: I will ask Mr. Moody to reply to that.

CHAIRMAN (Mr. Fraser): Mr. Moody.

MR. MOODY: Yes, we would be very pleased to give a breakdown of our own discretionary funds and what priorities we set for those.

CHAIRMAN (Mr. Fraser): Thank you. Ms Cournoyea.

Place Of Health Studies Priorities In Determining Budget

MS COURNOYEA: Thank you, Mr. Chairman. In regard to the two health studies that we had done, the Inuvik region health study and the Central Arctic health study, and the priorities that were made at that time, would you say that they are being reflected in what is being presented as a budget allocation? Could you say actually where you felt that they were most emphasized and most useful when you built up your budget?

CHAIRMAN (Mr. Fraser): Thank you, Ms Cournoyea. Mr. Minister.

HON. KANE TOLOGANAK: The two health studies that have been completed are being responded to by the follow-up committees that are being formed. I might explain, as well, the respective health studies do eventually go back to the medical services branch, Health and Welfare Canada for them to respond and from there, we can develop what kind of funding is required to reply to the health studies.

CHAIRMAN (Mr. Fraser): Thank you, Mr. Minister. We will take a 10 minute coffee break.

---SHORT RECESS

CHAIRMAN (Mr. Pudluk): The Chair recognizes a quorum. General comments. Would Mr. Tologanak like to make a speech?

HON. KANE TOLOGANAK: Thank you, Mr. Pudluk. (Translation) I would like to go back to what I was saying with regard to Health and Welfare Canada. One of the members is here now. He can come around here to the witness stand to answer any further questions.

CHAIRMAN (Mr. Pudluk): Is this House agreed? Is it agreed that we invite Mr. Barry Brown in?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Pudluk): Sergeant-at-Arms, would you invite Mr. Brown in? I would like to welcome Mr. Brown, who is appearing in this House. Are there any other general comments on Health? Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, I would like to have an answer to my question relating to the Inuvik regional health study and the Central Arctic health study, and the priorities that were given after much public consultation, and after there was a great deal of promises that once these studies were complete and peoples' thoughts were put forward in an organized manner, their priorities from the outcome of the studies and the community consultation would be looked at. I would like Mr. Tologanak, as well as the representative from National Health and Welfare, to once again try to explain to the best of their ability how the priorities have been reflected in this budget. When determining the budget, which of those priorities, if they did select one or two, did they emphasize to be part of the budget allocation priorities? I would like to say that both studies are complete. The recommendations have been forthcoming. They are not in an interim stage. I would like those questions to be answered in relation to the studies that have been completed.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

Follow-Up Committee To Priorize Recommendations

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. First of all the health studies originated from the Legislative Assembly recommendations and the discussions of health concerns in the particular regions. Once these studies were done, they were presented to the people. This was done in Inuvik, September 14th and 15th, when the consultant at the time gave his presentation on what his views, after consultation with the people of the region were. The major recommendations of the Inuvik health study dealt with staffing, communications, devolution of responsibility from the federal government to the Government of the Northwest Territories, and the need for more local involvement in planning and administration of services, particularly the establishment of a regional board of health, interpreter services, local health training opportunities. After the consultant's report to the people, a follow-up committee then is sought by this particular group to represent the region, to be called a follow-up committee. The committee will review the major recommendations and prioritize them, taking into consideration feasibility, costs, and the time frames for implementation. Thus far, the Inuvik follow-up committee is just now being formed. I have some names that have been recommended to us by the regional office, and we have them in our hand. The first meeting of the follow-up committee will be the first week in March.

Further, before I conclude my statement concerning the two studies, I would like to comment on the Kitikmeot health study. The same criteria were followed, as I mentioned, as to how the study came about, and where it is at. The major recommendations included the upgrading of capabilities at Cambridge Bay nursing station, to allow for phasing in of in-patient care, initially for maternity cases, and later for general medical cases. There are recommendations concerning boarding homes, stand-by staff, and some minor equipment. However, the main thing that I have to say is that once these recommendations have been put together by the follow-up committee, prioritized, and taking into consideration the kind of costs and how they are going to be implemented, the medical services branch are the ones that determine on their ability to fund these additional costs that are necessary in response to whatever health studies are done in the Northwest Territories.

Thank you, Mr. Chairman. I hope I have answered all the questions. I am having trouble with this earphone; it is hissing and I can barely hear.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. General comments? Ms Cournoyea.

Preventive Health Care Priority Identified

MS COURNOYEA: Mr. Chairman, my understanding of the follow-up committee was that their basic role was to make sure the recommendations were followed up with. Now, subsequently, to the Inuvik regional health study, there was a meeting that was convened in Inuvik which was dealing with what the priorities, once more, were, and the priorities again were looked at according to the study. They were discussed again and prioritized again. How long are we going to ask the communities to keep prioritizing what came out of the communities in the first instance? The general feeling that I am getting in our area is that nothing will be done until you out-committee everybody to death, and then maybe you do not need a health program. You have got to understand that we have had the health study, there was a subsequent meeting and the last thing that was identified as a real major concern to the people of that community level was the turnover of health facilities. That may be an administrative desire. However, one of the priorities that was set and was identified at the community level was preventive health as a priority, and I do not believe that the Minister of Health for the NWT, nor National Health and Welfare, really has to make that much of a discussion based on it, because it is a national policy. I would like to know -- as one of the priorities set at a national level and as well, taking into consideration that this Legislative Assembly has also, from time to time, brought up the need for preventive health -- I would like to know, with that priority, and with the recommendation coming from several levels, where is it reflected in the budget and if the Minister has been negotiating with the federal government, where is the federal government with respect to having that particular priority set in the budget for these coming years?

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. Once again, I have to say that I will support the people saying what they want in their communities, that we will support that. Once the study was complete, we had to make sure the communities do agree with a follow-up study and that is why we are getting a committee of the region to be involved with the follow-up stage, in order that they can prioritize the whole review that was done, and then to recommend just how they should be represented to the medical services branch. For the Kitikmeot health study, we have presented the recommendations of the follow-up committee to the medical services branch of Health and Welfare Canada, but they have not responded to it, so we cannot really say how much money is in medical services branch, Health and Welfare Canada, what is their ability to fund the additional costs that we are stating from the health study programs, but I would like Mr. Brown to try to answer some of that question as well, Mr. Chairman.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Mr. Brown.

Implementation Of Recommendations

MR. BROWN: Thank you, Mr. Chairman. With respect to the Central Arctic health study I had the opportunity of participating in one brief meeting in Cambridge Bay some time ago, regarding the results of that study, and at that time I heard a lot of the communities expressing their concern regarding certain problems about health services provided to them. Since that time as the honourable Member Mr. Tologanak, has indicated, we have met with representatives of his department, to come up with a list of items which are viewed as a priority list. However, the problem which we face is that of implementation in all these areas. As I am sure you are all aware, those items which have been within our control as a region have been implemented. We have some difficulties at times in implementing them fully. However, the staff of Mackenzie zone and the staff in the Central Arctic are fully aware of the concerns of the communities, and have worked toward implementing those recommendations which were in their control. In regard to other recommendations beyond our region's control -- such things as a transient centre in Yellowknife; such things as a hospital in Cambridge Bay -- these things are being looked at by our branch office in conjunction with representatives from the territorial Department of Health. Hopefully, through a study which they are undertaking, both departments would be able to plan priorities together and address these long-term problems.

Regarding the Inuvik health study the honourable Minister has requested a representative from our region to sit with members of the public appointed by his office and we will be appointing the zone director of Inuvik zone, Ms Val Cawood, as our representative, as well as a representative from our regional office. We do this also recognizing that the zone is very interested in establishing an advisory board for their operations. In recent discussions I have had with the zone director, reallocating additional funding to the zone would allow the zone director to receive on a regular basis direct feedback from community members on the health services provided to the Inuvik communities. With regard to items in the Inuvik health study which can be easily recommended and implemented, the zone director and her staff are moving in that direction.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Brown. Ms Cournoyea.

Decisions Based On Cost Analysis Or Politics

MS COURNOYEA: Mr. Chairman, I am going to ask one more question, if someone else has something else to say, because I have a number of general questions I would like to pursue. I would like the representative from National Health and Welfare to make an attempt to answer a question from his level, that I presented to Mr. Tologanak and that is in determination of facilities, where it would be built, and how the cost evaluation is done to determine whether a health facility in the community, financially would be more beneficial to have in place, rather than the continued transportation of people in and out and bringing patients in and out, even though it is not an emergency, but by the fact that there is just not a facility or a real worker in a given community. I would like to know whether these facilities and the determination of such facilities is done on the basis of cost analysis, or is it just a political decision?

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Brown.

MR. BROWN: Thank you, Mr. Chairman. The process for recommending and developing facilities that are the responsibility of National Health and Welfare is a long process which involves input from the members of the community and goes up the line until we reach Treasury Board, where they will approve a five year capital plan. With respect to the input by community members when it is recognized that a health facility or an upgrading of a health facility is required, community members should be approached to participate in the development of a role study for their community. That role study should indicate such things as the type of program offered to the community, where

the building should be set, the type of structure which should be put in place, and the interrelationship of that facility with other planning needs for the community. That role study then is reviewed from a regional level, where our program advisers analyse the material and determine whether or not it meets program requirements, from their perspective. They view the role study based upon their knowledge of trends in the health field, as well as historical requirements for that community and the zone which serves that community.

This information is then pooled together into a regional five year capital plan and, in part, is reviewed by a committee which is represented by our department and the territorial Department of Health. As I am sure you can appreciate, there are cost-sharing implications for both departments and, therefore, we have to have input at that level. Once this document passes the region, it is then forwarded on to be reviewed at our branch level, at which time it is compared with the needs for other communities across Canada. Additionally, they review our plan in light of trends and developments in the health care field, and the suitability of certain services being provided to various communities. The document then is rolled up within our branch and forwarded on to Treasury Board for approval there.

Regarding the specific points which the honourable Member has raised, such as where the facility should be placed, I would hope that the facility is placed in a location which is accessible to the community that uses the facility. As well, I would hope that it is placed recognizing the development plans for that particular community. In regard to the point raised about the cost evaluation for building a particular facility, the question of placing the facility in a community with the hope that it would prevent additional costs for health care services is one which we also look at.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Brown. General comments. Ms Cournoyea.

Preventive Health Care Priorities Not Reflected In Budget

MS COURNOYEA: Mr. Chairman, I suppose I have the background on how the department does its administrative breakdown, but my concern and the question really was based on when the facilities are determined in the first instance -- if that is fed into your organization. How is that respected? Do you still go in and do your own thing anyway? Is it respected, and when does it get turfed out because there is another trend? You mentioned there is a trend and you try to stick with the trends. One of the priorities being brought forward over a number of years was preventive health requirements. I do not see that reflected in this budget, or in the budget of the Inuvik health region. If you refer to the Inuvik hospital, it is not an Inuvik hospital. It just happens to be there and serves the whole region. I am concerned that even though these basic national trends are identified, and the funding is prioritized to aim at these different areas, where does it come in determining either facilities at a closer level to the people where you can maybe have more preventive health programs handled at that level, at a regional level?

There is the issue of Inuvik General Hospital and their almost total closure of the public health unit; and the only justification people have for that is, "Oh, well we are going to recruit again," and people leave for all these reasons. Perhaps people are very polite, and they are not saying, "Well, I am leaving for personal reasons." But those personal reasons are because one person cannot handle a public health unit. Neither do people, when they are hired at that community level, expect to be shunted around from community to community, to nursing stations -- to take up the fact that one nursing station does not have any staff at all, and is being fed by the person that is supposed to be handling the public health unit and developing programs of a preventive nature.

So where in this budget, and I will put the question specifically to both the gentlemen responsible, where is it reflected in this budget -- the priority of preventive health care?

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Brown.

MR. BROWN: The expenditures for public health programs in the Inuvik zone and in other zones across the North are part of the financial base for the budget, for the region. It receives its funding from Ottawa and, of course, is contingent upon the percentage increase allowed to the region. We have within the Inuvik zone, as other zones, identified certain funding for the public health program, but we have to also recognize that when we do bring in public health professionals, sometimes they are called upon to assist in acute care services, and the public health programs do fall back. This is not something that we do not plan for, and is something which we regret, but I can reassure the honourable Member that the allocations for public health dollars are built into the base for each zone and are not decreased.

CHAIRMAN (Mr. Pudluk): Thank you. Ms Cournoyea.

MS COURNOYEA: Then, perhaps, Mr. Chairman, the federal representative can let us know how much of a percentage increase was identified at the federal level, and how much percentage increase was turned over to the territorial government, as a percentage aimed at that priority.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Brown.

MR. BROWN: Thank you, Mr. Chairman. I am afraid I do not have the exact percentage figures which the honourable Member is requesting regarding the federal level increases and the percentage increases relative to the NWT region. However, I will be happy to provide this information to the honourable Member.

CHAIRMAN (Mr. Pudluk): Thank you. Ms Cournoyea.

MS COURNOYEA: Well, perhaps the Minister of the territorial Health and Social Services can identify what percentage increase was given to the NWT for preventive care?

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. KANE TOLOGANAK: Mr. Chairman, it is in our budget for the Northwest Territories share of health care services, which is on page 13.04. I do not have an immediate answer; I would have to break it down for the Member for the Western Arctic.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. General comments. Ms Cournoyea.

Selection Of A Regional Director

MS COURNOYEA: Mr. Chairman, a question to the Minister of Health and Social Services. In a question I posed to him earlier today, he said that in relationship to the selection of the regional director, that because some things had happened at a certain time on a secondment of an individual from the territorial government to the federal government, that the territorial government now is, "out of the picture" in terms of the selection of the new regional director and the process that is going on at this time. I would like further clarification from Mr. Tologanak and, as well, from Mr. Brown, on why the territorial government is out of the picture.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. When I said we are out of the picture, I will attempt to clarify that specifically. In the beginning, when the position of the regional director for medical services became vacant, we were interested in discussions with Ottawa; perhaps a secondment from my department would be an idea, that he could float back and forth between Ottawa and the NWT. Then we began discussions quite some time ago and we did make recommendations and Health and Welfare Canada did make their consultations, not only with ourselves, but with the native organizations as well. The native organizations responded in a negative manner to our selection and our suggestion for secondment. We felt the person was quite capable and has done a very good job on our behalf, for our department. Having learned that the objections did come from the native organizations, at that point we decided to talk directly to the native organizations, which I have been able to do between myself and the deputy minister.

We have contacted the native organizations, the Dene Nation, ITC and COPE. I had discussions with Peter Green and Mr. Moody had discussions with the Dene Nation, and after some discussion, the representatives from COPE did say that they would go along with whatever the Dene Nation wanted to do. We have had meetings with Georges Erasmus to discuss exactly what were the concerns for voicing an objection as to our suggestion and, to that point, we have gone as far as getting an agreement.

After having meetings with the Dene Nation, they indicated that they would go along with a secondment position. From there we took it that the president of COPE, as well, would go along, because he had mentioned to us that he would go along with whatever the Dene Nation said concerning placement of a regional director. We did get back to Ottawa again, giving our support, and we dilly-dallied around some basic questions of salary and capabilities of the person that we requested. They played around in medical services branch in Ottawa with these kinds of basic little questions and eventually we got frustrated with the kind of things that Ottawa was playing in delaying the whole matter. Eventually our person was not interested any longer and withdrew his name. Apparently, Health and Welfare Canada do have some candidates but they have not made a selection. This is the first time today that I have learned from the Member for the Western Arctic that they are interested in selecting a person now, and that the native organizations did object to the person that is being considered now. I must say that we did much to take part in the whole situation of the recruitment of a regional director, but then Ottawa has the final say as to who they hire and who they get to replace, in the regional director's position. Perhaps Mr. Moody might enlighten somebody in case I might have missed it in the whole process we went through.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Mr. Moody.

MR. MOODY: No, I do not have anything to add to that, other than one very small point -- our candidate did not withdraw. At the end of the story that the honourable Minister has just given, Health and Welfare Canada in Ottawa, after initial suggestion of this individual, then turned him down.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Moody. General comments, Health. Ms Cournoyea.

Regional Director Must Have Proper Qualifications

MS COURNOYEA: Mr. Chairman, in his statement Mr. Tologanak said that he was out of the picture, I appreciate his explanation, but I do not think as Minister of Health and Social Services, that just because one thing happens that you have to give up and say "Well, we did not get our man in." The process has always been difficult for everyone, and I am surprised that the Minister says he does not realize the whole process that has been taking place for the last few months, since the controversy on the secondment was defined by the federal bureaucracy and things did not work out. Ever since then there has been a process going on and a feed-in of information and possible candidates. Right now the same kind of arbitrary position has been taken by National Health and Welfare where, even though they spent a great deal of money having people going to selection and consultation meetings, they still want the guy that they want in there, and it may be that they had it all planned in the first place. The people who are trying to be involved with that and offering alternatives, constructive suggestions on the kind of person that is required, are having a difficult time. I am concerned that the territorial representative is not taking a firm stand in lending support, or keeping track of what is taking place today, last week, and two months ago.

It is a position that is going to affect everybody in the Northwest Territories, not only the region that I come from, and it is vitally important that the person that is selected has some kind of background that can move the health services in a way that would reflect the needs of the people in this area. A great deal of effort is being put forward by certain people, and I am concerned that the Minister is saying that he has given up. I continue to place my questions, Mr. Chairman, to both of the gentlemen and -- the representative from National Health and Welfare feels that when Mr. Tologanak answers the questions, he does not have to. When I put these questions I think, if you are working in co-operation, then both of you must have your opinion and your own network of information. I am concerned that these two things are not working together and what we are going to find out when it is too late, is that the Northwest Territories is going to have a regional director that really has no affinity to the area at all.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

NWT Government Involvement In Recruitment Process

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. I do not mean to play with words, but being a native person as well, I guess my choice of words has to be well consulted before I do say any kind of phrase, that has been practised anywhere. I tried to explain, when I said we are "out of the picture", that we were not invited to interview or select names that are being considered for the position of regional director. I have to take exception to losing communications with Health and Welfare Canada. We are, and after many years, finally being recognized as being one of those people, as a government, to respond to the needs of the people, and to pass on to the federal government what those concerns are, and why we want to be involved. Our involvement is crucial to us and that is what I have been pushing, and I have been in contact with Monique Bégin and she understands our position. Thus far, she has been co-operative but the bureaucratic level is sometimes hard to break and I hope to go a little further than that, in light of the discussions that have happened here. However, I have to say we did try to involve the native organizations from the initial steps, and they did support us to a certain extent in the secondment, after we finally convinced them of what we really wanted. Perhaps Mr. Brown would expand on the question.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Brown.

MR. BROWN: Thank you very much, Mr. Speaker. It is very difficult for me to comment on this question, since the regional director would be the individual that I report to, and because of that, I am not privy to all the negotiations that occurred between our branch office and the territorial Department of Health. I do know, however, that the issue was brought to a head in December, at which time a competition was arranged, and at which time our assistant deputy minister, I believe, put forward the name of the candidate from the territorial government. However, the individual, as I understand, declined to participate, at that time. I understand from general discussions with the assistant deputy minister, National Health and Welfare, that he is very interested in the opinions of the North, and is interested in hearing from the native organizations. In fact, he has indicated to all regional directors that he feels that the mandate from our department is to become more open to communications from the native organizations. I must again state, however, that since this is a position that I report to, I have not been privy to all the discussions that go on, and those honourable Members present, including the Minister and Mr. Moody, probably are more aware of the details and history behind them.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Just in summary, Mr. Chairman, we eventually got all the necessary support that we had behind us and we did go to Ottawa with it, but then Ottawa turns around and turns it down. Right. I think that is where the real question should be answered, from Ottawa. The whole territory is not in support of having health services transferred to the Government of the Northwest Territories. If the total support was there, I am sure we would have an easier time in Ottawa. Thank you, Mr. Chairman, but I have not given up.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Ms Cournoyea.

Importance Of Territorial Involvement In Selection

MS COURNOYEA: Mr. Chairman, I guess from time to time I feel that certain Members of the Legislative Assembly are more concerned than others about transfer of health facilities. But the fact that it is not here, and I can say with due respect that the Minister of Health probably realizes that perhaps there would be support but there are some guarantees that people are asking for before that support is gained, and those concerns are very legitimate ones. Now, the opinion normally is not that just because it is here, it is going to do a better job, but I do not believe that in my questions to the honourable Minister and the representative of the federal government that they had to answer the political questions of where the health facility should be governed from. The fact is that we all have our responsibility and the issues that have to be dealt with, and my opinion or understanding was that some of the health facilities have been transferred to the Northwest Territories. The honourable Member is a representative of health services and obviously, these two parties at some point in time meet to discuss how priorities are set -- how the national priority can be transferred into the health care facilities in the Northwest Territories. The basic questions that I raised have really not been dealt with, in terms of where the preventive health care priority -- at the national level-policy is reflected in our budget; and number two, I am happy to hear that Mr. Tologanak says that he has not given up. However, in not giving up sometimes when you do not do anything about it, you might as well give up.

Mr. Brown, from the federal health, says he is not aware of what is going on right at this point of time. It seems to me the number one thing, and the basic concern of the person who is heading up health services from a national level, who is going to be responsible for this region -- it is a prime area where you would have to put a priority on and something that you have to keep your finger on. Because if you get the right guy, and the right person who understands and the person who is capable, surely that person is going to reflect and be able to relate to the NWT needs. If we get the wrong person, then you have the perpetuation of something that has been going on for all the time that we can remember. All I find is that here no one really seems to know what is going on in terms of the selection of that individual.

Mr. Chairman, I can say that one of the issues that has been brought up time and time again is the issue of health. Everytime we have a Legislative Assembly meeting, people talk about what is being done in terms of health, and the same questions keep coming up over and over again. Sometimes we do not get always what we want when we want it, but the selection of a prime individual, the head of the Northwest Territories medical division, is one that this Legislative Assembly does not seem to know anything about. I am convinced about that, and I would like to find out how we can give support, that the Minister gets in on the action. I have been informed this morning that a decision is going to be made, and the same kind of federal position is being taken toward that person that is being put forward, as it was to the representative from the territorial government in the beginning. Certain people have been eliminated as being possible candidates, and that one person that has been eliminated, in the first instance, and the one person that has been eliminated in the second instance, and the one person that has been eliminated at the last meeting of the selection committee that was held, is the person that the federal agency is promoting as the person that should hold that job. Now, Mr. Minister, I would urge you, even though you have tried before and even with the help of some other organizations who are not able to be successful, I would urge you, if you could possibly intervene at this time in some manner, that the selection of that particular candidate does not come forward. If you require documentation, that can be presented to you for your consideration, so you will see what has happened in the last three months.

Total O And M, Administration, Agreed

CHAIRMAN (Mr. Pudluk): Thank you. General comments. Okay, if not, we are going to go to administration, page 13.02, \$1,884,000. Agreed?

SOME HON. MEMBERS: Agreed.

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Total O And M, Supplementary Health Programs, Agreed

CHAIRMAN (Mr. Pudluk): Page 13.03, supplementary health programs, \$685,000. Agreed?

SOME HON. MEMBERS: Agreed.

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Total O And M, Northwest Territories Share Of Health Care Services, Agreed

CHAIRMAN (Mr. Pudluk): Page 13.04, Department of Health, Northwest Territories share of health care services, \$3,720,000. Agreed?

SOME HON. MEMBERS: Agreed.

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Total O And M, Territorial Hospital Insurance Services

CHAIRMAN (Mr. Pudluk): Page 13.05, Territorial Hospital Insurance Services, \$28,534,000. Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, last year when there was an old Minister of Health...

HON. ARNOLD McCALLUM: I beg your pardon. I beg your pardon.

MS COURNOYEA: ...the past Minister of Health made the statement that he would be looking at the makeup of the territorial hospital board, and I am wondering if the new Minister would relate if any progress has been made on this, and if there have been any changes, or is he recommending any changes for that hospital board.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: It is my intention, as the previous Minister started the whole process, that new legislation, to cover the insurance services, be introduced later on in the life of this Legislature.

CHAIRMAN (Mr. Pudluk): Thank you. Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, perhaps the Minister can relate what the present status of the Territorial Hospital Insurance Services board is and who presently serves on it and what is his planned time schedule for either changing it, or dismantling it?

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Well, we have not been filling the positions as they became vacant, and the whole THIS will be disbanded once we have the new legislation prepared and brought before the House. I am sorry that that does not answer the question, but my aspirations are to dissolve the board altogether.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, a subsequent question, then: Has any thought been given on what kind of animal is going to take its place, or is it just going to be totally dead, or what is happening?

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. KANE TOLOGANAK: We have been consulting the various hospitals and health centres in the Territories, and I just want to say there would be four major changes to the Territorial Hospital Insurance Services Ordinance. I shall just list them as slowly as I possibly can: the hospital insurance plan and the operation of approved hospitals would be separate parts in the new ordinance, and each part will have its own specific set of regulations; the THIS board will be dissolved, and the Ministry will assume major responsibilities under the legislation; the roles

or powers and financial accountabilities of hospital boards of management will be clearly defined; the new ordinance will reflect the extension of hospital care into the fields of chronic care, nursing home care, detoxification services.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Ms Cournoyea.

Inuvik General Hospital

MS COURNOYEA: One of the problems in the Inuvik region in not forming a representative board was the fact that National Health and Welfare did not have the money to possibly bring in people from the other communities that use that particular hospital. So would it be the NWT, through the Territorial Hospital Insurance Services, that would be funding that, or would it be National Health and Welfare holding back funds to support that regional body?

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: The particular hospital in Inuvik you are talking about is still under the control of the federal government, and basically from the last time I was there, there was some advisory role played by some people. Mr. Brown would like to expand on that.

CHAIRMAN (Mr. Pudluk): Mr. Brown.

MR. BROWN: Thank you, Mr. Chairman. As I indicated earlier, the NWT region will be providing additional funding to the Inuvik zone to allow for a board which would advise the zone director on a fairly regular and frequent basis. The board will be made up of representatives from the Dene communities and other communities as well as the town of Inuvik. Once the list is received from organizations up in Inuvik or possible candidates, we will be finalizing the board and its advisory responsibilities. I should add that the funding is coming from within the NWT region, and not through the THIS board. Medical services in the past have had a representative on the THIS board and have not had one for the past several years.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Brown. Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, perhaps the representative from the federal agency could relate if the budget is known and how much is going to be in support of that regional board.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Brown.

MR. BROWN: The budget allocated has been identified as \$20,000 initially for travel.

CHAIRMAN (Mr. Pudluk): Thank you. Mrs. Sorensen.

Stanton Yellowknife Hospital

MRS. SORENSEN: Stanton Yellowknife Hospital, I believe, Mr. Chairman, receives a grant or a contribution from the Department of Health, and it is in this section that I would find the Stanton Yellowknife Hospital's contribution, is it not?

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. KANE TOLOGANAK: Yes, Mr. Chairman, sorry about that. It is not broken down, and that is why you could not see it.

CHAIRMAN (Mr. Pudluk): Mrs. Sorensen.

MRS. SORENSEN: Mr. Minister, I would imagine that you have gone, at some point since you have been appointed Minister of Health and Social Services, and toured through the Yellowknife hospital, so that you are aware that the hospital is literally bursting at its seams -- there are attachments to the building by way of ATCO trailers, and all sorts of modifications have been made in order to make room for the additional services that the hospital has been providing. We know that a plan is under way for the building of a new hospital, but there have been delays, and I read in the newspaper recently that the delays could be as long as until 1987. In the meantime, the concern that I have is that we may not be providing the proper kind of service in

a hospital that is overcrowded and not properly staffed. Now, I am asking whether there have been discussions with the hospital board with respect to whether their budget can handle the problems that have arisen as a result of the condition of the building and the staff that is required for the additional burden of extra patients. Also I would like you to comment on the problems of a deficit that I am aware the hospital has incurred over the past year, and whether they are going to have to go into the new year carrying that deficit on their books, which is considerably hard to service with the interest rates being what they are. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. In regard to the new proposed Stanton Yellowknife Hospital, the plans are under way -- the initial architectural drawings have been done and I am having further meetings with our own DPW, since the hospital board itself drew their own plans on how the building should be designed. We are in the process of having some more discussions, close discussions with the hospital board in regard to the new hospital. We made a submission to the Treasury Board some time ago. Also there were basic questions that had to be answered by our own people, and we are aspiring to answer those questions. We are doing the best we can to move it along as best as we can.

In regard to the present hospital, we are having very close discussions with the hospital board. I can see now after years of having boards of management looking after various hospitals that perhaps it is time that the Ministry should review the running of hospitals. We are in changing times, and things are moving quite rapidly, and costs are escalating and whatnot. As I mentioned in my speech, my department is having to face, and Health and Welfare Canada is having to face the dollar signs that keep getting bigger rather than staying where they should. Along with everything else, when we deal with questions, the costs of services do keep going up.

In regard to the deficit of the present hospital, I am reviewing that very closely, and I do not believe the deficit is quite as much as what was mentioned. We are reviewing it very closely, and I am sure we will be in a better position to reply once I have had a little closer look. I want to assure you that I would reply in a letter to you, as chairman of the standing committee on finance, just exactly what those are; and until I have had a closer look at it and further discussions with the board of management -- thank you, Mr. Chairman.

CHAIRMAN (Mr. Pudluk): Thank you. Page 13.05, Territorial Hospital Insurance Services, \$28,534,000. Mr. Minister.

HON. KANE TOLOGANAK: I just have some further information. The 1981-82 deficit -- we would be able to pick that up, and it looks like the 1982-83 forecast is now for a surplus, and we will be reviewing the staffing of nurses. So as a result of our taking a look very closely and reviewing what is happening -- I have had some very close meetings with the board and their financial committee -- and as a result of these meetings, we will be coming forward with perhaps a new review and further discussions to improve those services. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. MacQuarrie.

Reviewing The Role Of Boards Of Management

MR. MacQUARRIE: Yes. I noticed that the Minister said that he was intending to review the role of boards of management, and that could be good; it could be alarming. Could you please expand on that a little bit? What is the problem that you see, and what is going to be the nature of that review? What are you looking toward when you undertake it?

CHAIRMAN (Mr. Pudluk): Thank you, Mr. MacQuarrie. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. As with any other board in the Northwest Territories which is representing either the Government of the Northwest Territories or the Legislative Assembly, I think that it is in order for any Member of the government or the Legislature to review the kind of structure that they have put forward to do their management in certain areas. I feel it is time that perhaps we should review the whole structure, because you know we are faced with the escalating costs, and we are faced with a restraint program. Perhaps it is a good time for us to review, because we are in times of restraint. Perhaps it is a good time for all of us to tighten our belts and to take a second look, for the better or for the worse to respond to the restraint program. One of the reasons that I would look at the

board of management of the THIS as I started discussing earlier -- we reviewed it and we feel that new legislation should expand the present THIS, to provide better services for the people -- in dealing with administrative and supportive programs that we do give out. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. MacQuarrie.

MR. MacQUARRIE: A question, and then a brief statement. The question is, in conducting such a review, will you be consulting with the existing boards of management before acting? And the comment is that certainly if that process is undertaken, as a Member of the Assembly I would appreciate being informed that it is taking place and being kept apprized of what is happening in that regard.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Yes. Mr. Chairman, I would not operate or move myself to make decisions that would go against the wishes of the people. Basically, I am in support of consulting all the time, whether it be a hospital board or any other board, for that matter, before any recommendations do go before the Legislative Assembly and the Executive. Thank you, Mr. Chairman.

Total O And M, Territorial Hospital Insurance Services, Agreed

CHAIRMAN (Mr. Pudluk): Thank you. Territorial Hospital Insurance Services, \$28,534,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Total O And M, Medicare, Agreed

CHAIRMAN (Mr. Pudluk): Page 13.06, medicare, \$8,235,000. Mrs. Sorensen.

MRS. SORENSEN: Mr. Chairman, the Minister may not be able to answer my question right now, but I would be prepared to receive the answer by letter. I had a senior citizen approach me the other day to inform me that because he is a senior citizen, he gets his licence plates cheaper, he gets his licence itself cheaper, but he has to have a medical examination in order to get a licence to operate his car because he is over a certain age. When he went to have his medical for his licence, it cost him \$40, and I am wondering if we are indeed home billing or double billing people, or whether this would not be covered under the territorial hospital insurance plan or medicare. I do not quite understand why he would be charged \$40 by a doctor for a medical. Could you get back to me on this? It was a source of great concern to him as a senior citizen, and certainly one to me as his MLA.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Yes, I do have some concerns in that regard as well, because we do have some sort of a transit system, but it is an individual's right to be able to move around to the best of his ability; but to have him pay for it at a certain age is of concern to me as well. I would like to take that question as notice and provide a written reply to the Member for Yellowknife South at a later date, Mr. Chairman.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Are you satisfied?

MRS. SORENSEN: Yes.

CHAIRMAN (Mr. Pudluk): Okay. Page 13.06, medicare, \$8,235,000. Agreed?

SOME HON. MEMBERS: Agreed

---Agreed

Total O And M, Medical Services Contract, Agreed

CHAIRMAN (Mr. Pudluk): Page 13.07, medical services contract, \$774,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Total O And M, Medical Transportation, Agreed

CHAIRMAN (Mr. Pudluk): Medical transportation, page 13.08, \$2,126,000. Mr. MacQuarrie.

MR. MacQUARRIE: Yes. Perhaps the question would be better directed toward the Minister of Finance, but it could be that you may be able to answer and have information on this. I gather that there is some possibility that travel assistance that is received for medical purposes may be included in federal taxation of benefits. Have you been alerted by federal revenue people that you must keep an accounting of this and indicate what assistance people receive in this regard? I had thought at first that it was just holiday travel assistance, but I have had the question raised to me since as to whether it will include medical travel assistance.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Mr. Chairman, all I can say really is that we do keep close tabs on what the costs are for travel assistance.

CHAIRMAN (Mr. Pudluk): Mr. MacQuarrie.

MR. MacQUARRIE: Well, I guess I was asking, has the federal department of revenue approached you to make that information available to them on an individual basis so that it is included as part of income benefit? I mean, to me it is sort of outrageous that this is being considered, but I understand that it might be.

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. KANE TOLOGANAK: Well, Mr. Chairman, this is a universal program, and the federal government does not include it in the northern taxation benefits. I am sorry I did not have the information right at the time, but it has been provided to me now.

CHAIRMAN (Mr. Pudluk): Thank you. Medical transportation, \$2,126,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Detail Of Grants And Contributions

CHAIRMAN (Mr. Pudluk): Page 13.09, \$18,394,000. Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, can we have a breakdown on the contributions to community groups and agencies and professional groups of \$76,000 or \$74,000?

CHAIRMAN (Mr. Pudluk): Mr. Minister. Did you get that question? Page 13.09.

HON. KANE TOLOGANAK: Mr. Chairman, the breakdown of the contributions of \$76,000: \$8000 to the Northwest Territories Registered Nurses Association; \$5000 to the Northwest Territories Medical Association; Storefront for Voluntary Agencies, \$15,000; Rae-Edzo Native Women's Association, \$32,000; contribution to health awareness programs in various communities, \$16,000.

CHAIRMAN (Mr. Pudluk): Ms Cournoyea.

MS COURNOYEA: On the \$15,000 to Storefront for Voluntary Agencies, what would that be and where would they be?

HON. KANE TOLOGANAK: The Storefront for Voluntary Agencies -- this is to co-ordinate the efforts of volunteer agencies such as the NWT Council for Disabled Persons, as an example.

CHAIRMAN (Mr. Pudluk): Thank you. Ms Cournoyea.

MS COURNOYEA: In the Territorial Hospital Insurance Services, you say that the contributions of \$18,308,000 are based on the THIS approved budget, and I am wondering if the hospital insurance board is incorporated in that expenditure, and if it is not, then where is the requirement for the increase?

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Regarding the contributions, Mr. Chairman, to budget review hospitals and semi-budget review hospitals on the basis of THIS approved budgets, I would have to provide a little more information on the question asked about the \$18 million, in terms of the breakdowns. I will have to get back to Ms Cournoyea and provide her further information on that, Mr. Chairman, and I will do that in the next few days, as well.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Mr. MacQuarrie.

MR. MacQUARRIE: Mr. Minister, last summer I guess it was, there were representatives in Yellowknife from the Canadian National Institute for the Blind, and they were hoping to get some assistance for the programs they offer in the Northwest Territories, and there are quite a number of blind people in the Territories who are taking advantage of their programs. I believe this is the only political jurisdiction in Canada that does not make a grant to CNIB -- I may be wrong about that, but I believe so -- for the offering of its services, and they were hoping to receive some assistance. I know the last time I spoke to the Minister -- or wrote -- he was on his way to Edmonton, and he did hope to discuss a little further with those representatives at that time whether assistance could be offered. Can you tell me what the situation is now with respect to that, and is this government taking its full responsibility in providing services to people in that area?

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. Could Mr. MacQuarrie perhaps raise his question during the discussion of the Social Services departmental submissions?

Detail Of Grants And Contributions, Agreed

CHAIRMAN (Mr. Pudluk): Thank you. On page 13.09, \$18,394,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Detail Of Capital

CHAIRMAN (Mr. Pudluk): Capital, page 13.11, \$4,282,000. Mrs. Sorensen.

MRS. SORENSEN: Mr. Minister, I noticed that under the Stanton Yellowknife Hospital capital, that the total capital projections are now projected at \$18.1 million. It seems to me, if I remember correctly, that at one point last year and the year before the total projections were \$25 million, and I find it hard to believe that we would have gone from \$25 million to \$18 million in our main estimates over a one year period, unless something is happening to the design. Can you enlighten me further on this, please?

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. The \$18,136,000 is our share of the costs for the development of the new facilities for the Stanton Yellowknife Hospital. The total figure is pretty close to \$26 million.

CHAIRMAN (Mr. Pudluk): Mrs. Sorensen.

MRS. SORENSEN: Are you saying, then, that the main estimates from last year and the year before which projected \$25 million were incorrectly written in, then, because the main estimate has not changed?

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. Those were not mistakes. That was the total cost of the project at the time. That was the projected cost for the hospital at the time, and then it has just been broken down to proper levels of governments. This is our own share.

CHAIRMAN (Mr. Pudluk): Thank you. Mrs. Sorensen.

MRS. SORENSEN: Mr. Minister, I wonder then if we could not have another section in our main estimates that points out to us the total capital for each of these projects -- the federal share and the territorial share, because it is somewhat misleading if we are not presented in the column with the actual total cost of the project. So could we perhaps work with the Minister of Finance to amend our main estimates to reflect the real cost and not just our share? Of course, bearing in mind that we have to break it down, I would like to see what our share is as well.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Mr. Chairman, certainly the suggestion would be open, I am sure, to the Executive or to the Financial Management Board for discussing the inclusion of such breakdowns on shared costs to capital items. I am sure the chairman of the capital planning committee would take that into consideration.

CHAIRMAN (Mr. Pudluk): Thank you. Ms Cournoyea, capital.

Expenditures On Nursing Stations And Residences

MS COURNOYEA: Could I have a breakdown on the major expenditures on nursing stations and residences in the Inuvik, Baffin, and Keewatin regions?

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. KANE TOLOGANAK: Thank you. Mr. Chairman, I do have a list of about pretty close to 30. If you would like a copy of the breakdown, I would be happy to provide that, unless you want it right now.

CHAIRMAN (Mr. Pudluk): Ms Cournoyea, what do you wish?

MS COURNOYEA: Mr. Chairman, that is fine. The other question is facility planning in Pine Point for \$60,000. In view of the circumstances that surround that community, perhaps the Minister can relate how they would be doing a facility planning in that stage of development or non-development in that community.

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. KANE TOLOGANAK: Mr. Chairman, the community still does exist, and the only way I can respond to that, is facilities were planned for that community, and we are still providing the same level of services as we have in the past, at the present moment.

CHAIRMAN (Mr. Pudluk): Ms Cournoyea.

MS COURNOYEA: Well, I realize that this was projected before, and I was just concerned on how they would proceed, because there seemed to be some kind of regression in the development at the community previously, and in view of the fact it is often stated that the government is overly cautious when it comes to marginal communities, I was interested in knowing how they were going to proceed; however, it is not the wish that it should be replied to -- it is not my area. In terms of the other statement -- a breakdown that the Minister was going to provide -- could he also state whether those expenditures under the Inuvik, Baffin and Keewatin regions have a federal component to them as well, in his written reply?

HON. KANE TOLOGANAK: What I can provide is our share of the percentage of the total amount of funds that are being provided to those particular communities in each. Would that be satisfactory?

CHAIRMAN (Mr. Pudluk): Ms Cournoyea.

MS COURNOYEA: I would like also, if it could possibly be, that if it is going to be a nursing station or a shared facility, what the federal government share is going to be. If you know the percentage, it probably would not be that difficult to put the federal one in.

Detail Of Capital, Agreed

CHAIRMAN (Mr. Pudluk): Thank you. Capital, page 13.11, \$4,282,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Total O And M, Agreed

CHAIRMAN (Mr. Pudluk): O and M, page 13.01, \$45,958,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

MS COURNOYEA: Are we going to deal with pages 13.12 and 13.13, or is that just information, and you are not going to talk about it at all?

CHAIRMAN (Mr. Pudluk): That is just for information, but if you wish to talk about it, go ahead. Ms Cournoyea.

Health Education Curriculum Guide Project

MS COURNOYEA: Mr. Chairman, there was just one area that I was concerned about, and I would like some kind of explanation on it: The health education curriculum guide project. I do not know anything about it, and I would like an explanation of exactly what that is.

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. KANE TOLOGANAK: Are you referring to the family life education program?

CHAIRMAN (Mr. Pudluk): Yes, that is on page 13.13, the last item.

HON. KANE TOLOGANAK: Mr. Chairman, the Government of the NWT school health education program guide will commence April 1st, 1983. The project design calls for the Department of Health to hire a full-time co-ordinator, a full-time researcher and writer, an evaluator who would be under contract to carry out the project in close co-operation with the Department of Education. During the third phase of the three and one-half year project, a separate teaching service will be developed to ensure smooth implementation of the program guide into NWT schools. Did you want further information?

CHAIRMAN (Mr. Pudluk): Ms Cournoyea.

MS COURNOYEA: In the expenditure last year, what was gained by that particular area, and what was done for that development of that program last year? There was a budget allocation, but I am not aware that there was any particular program set up, and I would like to know what was done in the first instance.

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. KANE TOLOGANAK: This funding that is being forecast for this particular amount of funds is a new program and it is being done with a federal grant. Are you referring to last years program? I will have Mr. Moody reply to that since it was last years activity, and I am not fully aware of it.

CHAIRMAN (Mr. Pudluk): Mr. Moody.

MR. MOODY: Mr. Chairman, that program which was just funded by the federal government runs from this year, 1982-83, right through to 1986-87 for a total of \$424,728. That is the funding. The project design calls for the Department of Health to hire a full-time co-ordinator, a full-time researcher and writer, and an evaluator, who will be under contract, to carry out the project in close consultation with the Department of Education. The project now has really just got started, so they are in the very formative stages of this. I believe that there has been one person of the total number of man years in place started on the project, but it will not really get going until 1983-84. I could describe the program further if the Member so wishes.

CHAIRMAN (Mr. Pudluk): Thank you. Ms Cournoyea.

MS COURNOYEA: In the 1982-83 -- the statement says that \$44,000 was expended. My question is what was the \$44,000 expended on? It must have been successful, because we have increased the budget threefold, and the plans are to continue to do so. The general budget presentation in

the beginning of the program normally identifies some planning money, and the following years budget requirements are determined on the findings and the success of the previous year -- from my understanding. So I am just asking the question, what happened with the \$44,000 that guided the program to continue? That is my question.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Moody.

MR. MOODY: I would have to give the Member a written breakdown of that \$44,000. I think it must be appreciated that this program is one that is starting the middle of 1982-83 and carrying through until about 1986-87. It is a comprehensive program that will, in the end, design a whole curriculum for health within the NWT. The money that is being spent now, I would have to give a breakdown to that \$44,000. I know it includes 80 per cent of a man year, for one thing -- really, I think to get going on the design of the health education program.

CHAIRMAN (Mr. Pudluk): Thank you. Ms Cournoyea.

MS COURNOYEA: When that breakdown is given, could you also see if you could find out if that comes under the federal transfer of funds for preventive care, to see if that is coming under the category of that program on their policy of having preventive health care as a priority?

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Moody.

MR. MOODY: Yes. This particular money is a straight funding from the federal government under a special program.

CHAIRMAN (Mr. Pudluk): The honourable Member for Mackenzie Liard.

Family Planning Program

MR. SIBBESTON: Mr. Chairman. It seems we pass millions, but the smallest things sometimes catch your eye, and the family planning program has caught my eye. I notice there is \$9000 being provided by this government. I would like to know just what is involved in this, I might be interested in family planning, and I have not seen any signs, or nobody has come to see me about family planning. What exactly is the government doing in this area and what methods are promoted as ways of planning your family?

MR. MacQUARRIE: Abstinence.

---Laughter

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Minister.

HON. KANE TOLOGANAK: Thank you, Mr. Chairman. I do have some written material, but I would have to come back to you. I understand your capabilities of providing such good services for Members, but I would like to come back with a proper written presentation to you on that.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. The honourable Member for Mackenzie Liard.

MR. SIBBESTON: Yes. Mr. Chairman, also I am interested in the number of abortions that are done by territorial hospitals in the North. I appreciate that this is really a federal matter -- that of abortions -- but perhaps there are some statistics available to you which could be made available to show the number of abortions that are performed in the North. Perhaps you can give that for the past five years, and also give us the number or the breakdown in the people that have abortions, and the breakdown can be Inuit, Dene, Metis, and white.

CHAIRMAN (Mr. Pudluk): Okay. This is going to be the last one before 6:00 o'clock. Mr. Minister.

HON. KANE TOLOGANAK: Yes, we will be able to provide that information for the honourable Member.

CHAIRMAN (Mr. Pudluk): Thank you. Now that it is 6:00 o'clock, I wish to report progress.

MR. SPEAKER: Mr. Pudluk.

REPORT OF THE COMMITTEE OF THE WHOLE OF BILL 1-83(1), APPROPRIATION ORDINANCE, 1983-84

MR. PUDLUK: Mr. Speaker, your committee has been considering Bill 1-83(1), and wishes to report progress.

MR. SPEAKER: Thank you. Are there any announcements from the floor? Mr. Clerk, announcements and the orders of the day, please.

CLERK OF THE HOUSE (Mr. Hamilton): Announcements, Mr. Speaker. There will be a caucus meeting tomorrow morning at 9:30 a.m. in the caucus room.

ITEM NO. 16: ORDERS OF THE DAY

Orders of the day, Tuesday, February the 8th.

1. Prayer
2. Members' Replies
3. Oral Questions
4. Written Questions
5. Returns
6. Minister's Statements
7. Petitions
8. Reports of Standing and Special Committees
9. Tabling of Documents
10. Notices of Motion
11. Notices of Motion for First Reading of Bills
12. Motions
13. First Reading of Bills
14. Second Reading of Bills
15. Consideration in Committee of the Whole of Bills, Recommendations to the Legislature, and Other Matters: Bill 1-83(1)
16. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. This House stands adjourned until 1:00 p.m., Tuesday, February the 8th.

---ADJOURNMENT

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